

2001 SEP 11 A 10: 34



Commonwealth
of Massachusetts

Form CPF D105: Summary Report of Campaign
Receipts and Expenditures
Office of Campaign and Political Finance

CAMPAIGN & POLITICAL
FINANCE

File with: Director
Office of Campaign and Political Finance
One Ashburton Place
Boston MA 02108
(617) 727-8352

CPF ID# _____
For Office Use

Reporting period from: 8/16/01 through 8/31/01
Date Month Year Date Month Year

Name of Candidate/Committee: Triantafillou Committee

Office Sought: _____

Name of Bank: Citizens Bank of Massachusetts

Beginning Balance for Reporting Period \$ 1027.52 (1)

Total Receipts in the Reporting Period \$ 17.11 (2)

Total Expenditures in the Reporting Period \$ 237.26 (3)

Ending Balance for the Reporting Period \$ 807.37 (4)

I hereby declare that the information contained herein is true and correct to the best of my knowledge and belief:

Signature of Cashier or Bank Treasurer

Tad Klas

Name of Cashier or Bank Treasurer

(401) 282-4258

Telephone number

10. AM 11 12 SEP

CITY OF CAMBRIDGE
ELECTION COMMISSION

Form CPF D106: Receipts and Expenditures Report
Report of Expenditures
For Bank Use only

**CAMPAIGN & POLITICAL
FINANCE**

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Candidate Name: Katherine Triantafillou

Committee Name: Traiantafillou Committee

Name of Bank: Citizens Bank of Massachusetts

Reporting Period from: 8/16/01 through 8/31/01 **Page #** 1

INSTRUCTIONS TO BANK

Banks should list any debits to this account, including checks, wire transfers, bank charges and fees. Information should be taken from the front of the check, exactly as it was written by the committee. If any information is omitted from the check, the bank should place an asterisk (*) in the appropriate column on this form. Further instructions are available from OCPF.

PURPOSES OF PAYMENT

- | | | | | |
|--------------|----------------------|---------------------|----------------|-----------|
| 1. TV, Radio | 2. Newspaper | 3. Meetings | 4. Printing | 5. Office |
| 6. Travel | 7. Signs or displays | 8. Transfer of Fund | 9. Other | |

Date Check Paid	Payee (Alphabetical listing Mandatory)	Address	Code	Specific Purpose	Amount
8/29/01	Samantha M. Jouquin			Reimbursement for standard Postage permit	125.00
8/28/01	Verio.com			renewal for domain name bronze plan	112.26
Total expenditures this page					237.26
Total this report period					237.26